

Calendar Year Covered by this Report: 2009

Company Name: DEPARTMENT OF PARKS AND RECREATION, LAW ENFORCE. & EMER. SVCS. DIV.

Doing Business As (DBA) Name (if applicable): _____

Address: _____ E-mail: _____

Name of Certifying Official: SYDNEY PERRY Signature: _____

Telephone: (916) 324-2763 Date Certified: 3/26/2010

Prepared by (if different): JULIE LOWE Telephone: (916) 324-9386

C/TPA Name and Telephone (if applicable): DEPT. OF PERSONNEL ADMIN. (916) 322-0300

FMCSA - Motor Carrier: DOT #: _____ Owner-Operator: (circle one) YES or NO Exempt: (circle one) YES or NO
 FAA - Aviation: Certificate # (if applicable): _____ Plan / Registration # (if applicable): _____
 PMSHA - Pipeline: (Check) Gas Gathering _____ Gas Transmission _____ Gas Distribution _____ Transport Hazardous Liquids _____ Transport Carbon Dioxide _____
 FRA - Railroad: Total Number of observed/documented Part219 "Rule G" Observations for covered employees: _____
 X USCG - Maritime: Vessel ID # (USCG- or State-Issued): _____ (If more than one vessel, list separately)
 FTA - Transit _____

12

1

If you have multiple employee categories, complete Sections I and II (A) & (B). Take that filled-in form and make one copy for each employee category and complete Sections II (C), III, and IV for each separate employee category.

[illegible][illegible]

U.S. DEPARTMENT OF TRANSPORTATION DRUG AND ALCOHOL TESTING MIS DATA COLLECTION FORM

Calendar Year Covered by this Report: 2009

I. Employer

Company Name: SEE ATTACHED LIST

Doing Business As (DBA) Name (if applicable): _____

Address: _____ E-Mail: _____

Name of Certifying Official: SYDNEY PERRY Signature: _____

Telephone: (916) 324-2763 Date Certified: MARCH 30, 2010

Prepared by (if different): JULIE LOWE Telephone: (916) 324-9386

C/TPA Name and Telephone (if applicable): DEPT. OF PERSONNEL ADMIN. (916) 322-0300

Check the DOT agency for which you are reporting MIS data; and complete the information on that same line as appropriate:

☒ FMCSA – Motor Carrier: DOT #: _____ Owner-Operator: (circle one) YES or ☒ NO Exempt: (circle one) YES or ☒ NO

☐ FAA – Aviation: Certificate # (if applicable): _____ Plan / Registration # (if applicable): _____

☐ RSPA – Pipeline: (Check) Gas Gathering ☐ Gas Transmission ☐ Gas Distribution ☐ Transport Hazardous Liquids ☐ Transport Carbon Dioxide ☐

☐ FRA – Railroad: Total Number of observed/documentated Part 219 “Rule G” Observations for covered employees: _____

☐ USCG – Maritime: Vessel ID # (USCG- or State-Issued): _____ (If more than one vessel, list separately)

☐ FTA – Transit

II. Covered Employees: (A) Enter Total Number of Safety-Sensitive Employees in All Employee Categories:

1797

(B) Enter Total Number of Employee Categories:

1

Employee Category	Total Number of Employees in this Category
Driver	1797

If you have multiple employee categories, complete Sections I and II (A) & (B). Take that filled-in form and make one copy for each employee category and complete Sections II (C), III, and IV for each separate employee category.

III. Drug Testing Data:

	1	2	3	4	5	6	7	8	9	10	11	12	13
Type of Test	Total Number Of Test Results [Should equal the sum of columns 2, 3, 9, 10, 11, and 12]	Verified Negative Results	Verified Positive Results	Positive for Marijuana	Positive for Cocaine	Positive for PCP	Positive for Opiates	Positive for Amphetamines	Refusal Results				Cancelled Results
Pre-Employment	173	169	3	2				1					1
Random	911	902	6	5	1							1	2
Post-Accident	1	1											
Reasonable Susp./Cause	0												
Return-to-Duty	3	3											
Follow-Up	11	11											
TOTAL	1099	1086	9	7	1	0	0	1	0	0	0	1	3

IV. Alcohol Testing Data:

	1	2	3	4	5	6	7	8	9
Type of Test	Total Number of Screening Test Results [Should equal the sum of Columns 2, 3, 7, and 8]	Screening Tests With Results Below 0.02	Screening Tests With Results 0.02 Or Greater	Number of Confirmation Tests Results	Confirmation Tests With Results 0.02 Through 0.039	Confirmation Tests With Results 0.04 or Greater	Refusal Results		Cancelled Results
Pre-Employment	1	1							
Random	191	191							
Post-Accident	0								
Reasonable Susp./Cause	0								
Return-to-Duty	0								
Follow-Up	3	3							
TOTAL	195	195	0	0	0	0	0	0	0

**FHWA Drug Testing
MIS Data Collection Form**

Companies Included in this Report:

From page 1 of

FHWA Drug Testing

MIS Data Collection Form

Consortium/Primary Company:

Address: BENEFITS DIVISION, 1515 S STREET, NORTH BLDG.,

STE. 400

City: SACRAMENTO

CA

Telephone No.: (916) 324-2763

Contact: Sydney Perry

Zip Code: 95811-7258

Company List:

Company Name

Street Address/P.O. Box

City

Telephone No.

Fax No.

AIR RESOURCES BOARD

ADMINISTRATIVE SERVICES DIVISION

P.O. BOX 2815

SACRAMENTO, CA 95812

Phone: (916) 322-8213

Fax: (916) 322-9074

CALIFORNIA CONSERVATION CORPS

HUMAN RESOURCES BRANCH

1719 24TH STREET

SACRAMENTO, CA 95816

Phone: (916) 341-3195

Fax: (916) 324-3454

CALIFORNIA DEPARTMENT OF EDUCATION

LABOR RELATIONS

1430 N STREET, SUITE 1802

SACRAMENTO, CA 95814

Phone: (916) 319-0898

Fax: (916) 319-0184

DEPARTMENT OF FORESTRY

LABOR RELATIONS

P. O. BOX 944246

SACRAMENTO, CA 942442460

Phone: (916) 327-7270

Fax: (916) 324-5550

CALIFORNIA HIGHWAY PATROL

COMMERCIAL VEHICLES SECTION - 062

444 N. THIRD STREET, SUITE 310

SACRAMENTO, CA 95811

Phone: (916) 445-1865

Fax: (916) 446-4579

DEPARTMENT OF CONSUMER AFFAIRS

HUMAN RESOURCES/SPECIAL PROJECTS UNIT

1625 NORTH MARKET BOULEVARD, SUITE N321

SACRAMENTO, CA 95834

Phone: (916) 574-8326

Fax: (916) 574-8605

DEPT. OF DEVELOPMENTAL SERVICES

LABOR RELATIONS BRANCH

1600 NINTH STREET, MAIL STATION Q

SACRAMENTO, CA 95814

Phone: (916) 322-9354

Fax: (916) 322-9188

Company List:

Company Name

Street Address/P.O. Box

City

Telephone No.

Fax No.

DEPT. OF FISH AND GAME

HUMAN RESOURCES BRANCH

1416 NINTH STREET, ROOM 1217B

SACRAMENTO, CA 95814

Phone: (916) 651-7652

Fax: (916) 654-2493

DEPARTMENT OF GENERAL SERVICES

OFFICE OF HUMAN RESOURCES

707 3RD STREET, SUITE 9-305

WEST SACRAMENTO, CA 95605

Phone: (916) 376-5376

Fax: (916) 376-5380

DEPARTMENT OF MENTAL HEALTH

LONG TERM CARE SERVICES

1600 NINTH STREET

SACRAMENTO, CA 95814

Phone: (916) 651-1399

Fax: (916) 654-2804

DEPARTMENT OF MOTOR VEHICLES

ADMINISTRATION

2570 24TH STREET, MS G208

SACRAMENTO, CA 95818

Phone: (916) 657-8565

Fax: (916) 657-6733

DEPARTMENT OF CORRECTIONS

OFFICE OF EMPLOYEE WELLNESS

1515 S STREET, ROOM 127S

SACRAMENTO, CA 95814

Phone: (916) 327-3492

Fax: (916) 322-7955

DEPARTMENT OF PARKS AND RECREATION

LAW ENFORCEMENT AND EMERGENCY SERVICES

DIVISION

1416 NINTH STREET, ROOM 1431

SACRAMENTO, CA 95814

Phone: (916) 653-3535

Fax: (916) 653-7866

DEPARTMENT OF VETERANS AFFAIRS

HUMAN RESOURCES

1227 O STREET, ROOM 402

SACRAMENTO, CA 95814

Phone: (916) 653-2178

Fax: (916) 653-1960

DEPARTMENT OF WATER RESOURCES

PERSONNEL

1416 NINTH STREET, ROOM 305

SACRAMENTO, CA 95814

Phone: (916) 651-6851

Fax: (916) 653-9629

DEPARTMENT OF THE YOUTH AUTHORITY

OFFICE OF EMPLOYEE WELLNESS

1515 S STREET, ROOM 127 S

SACRAMENTO, CA 95814

Phone: (916) 327-3492

Fax: (916) 322-7955

FRANCHISE TAX BOARD

HUMAN RESOURCES BUREAU, MS A-170

P.O. BOX 550

SACRAMENTO, CA 958270550

Phone: (916) 845-5154

Fax: (916) 845-0994

Company List:

Company Name**Street Address/P.O. Box****City****Telephone No.****Fax No.**

MILITARY**STATE PERSONNEL PROGRAMS, BOX 27****P.O. BOX 269101****SACRAMENTO, CA 958269101****Phone: (916) 854-3680****Fax: (916) 854-3647****DEPARTMENT OF FOOD AND AGRICULTURE****22ND DAA/FAIRGROUNDS/RACETRACK****2260 JIMMY DURANTE BOULEVARD****DEL MAR, CA 92014****Phone: (858) 792-4215****Fax: (858) 792-4246**